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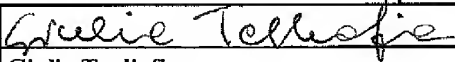
**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/667,482
Filing Date	09/23/2003
First Named Inventor	CAVAZZA, Claudio
Art Unit	1617
Examiner Name	KIM, Jennifer M.
Attorney Docket Number	725.1018-DIV

I hereby revoke all previous powers of attorney given in the above-identified application:☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
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I am the:☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71
*Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Giulia Tagliafico		
Date	11 GIU. 2009	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.☒ *Total of 1 forms are submitted.

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